


EVALUATION AND PROSPECTING OF ATTENTION / CARE FOR ETHNIC GROUPS IN URBAN SITUATIONS THROUGH MEDICINAL GARDEN

AVALIAÇÃO E PROSPECÇÃO DO ATENDIMENTO/CUIDADO A GRUPOS ÉTNICOS EM SITUAÇÕES URBANAS ATRAVÉS DO JARDIM MEDICINAL

EVALUACIÓN Y PROSPECCIÓN DE LA ATENCIÓN/CUIDADO A GRUPOS ÉTNICOS EN SITUACIONES URBANAS A TRAVÉS DE HUERTOS MEDICINALES

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ABSTRACT

The evaluation of medical health services uses a frequently used qualitative methodology to construct a group perspective on a specific topic of interest or demand, based on participants' responses and testimonies. The volunteer team at the Dr. Benoit Mure Center for Studies, Research, Assistance, and Care of the Homeopathy Service of the 7th Ward of the Santa Casa da Misericórdia Hospital in Rio de Janeiro is characterized by a predominance of mature and elderly individuals who are fully active. After the period of social distancing during the COVID-19 pandemic, the team decided to attend in person to evaluate the "health space - sensory garden," which they had planned. After a year and a half, it was time to evaluate all this effort and assess any unforeseen issues that occurred, through a retrospective analysis, and then move forward with the development of prospects for new designs for the garden in the service, and how this would be implemented if the project were to continue. The objective

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was to evaluate, from the perspective of users, staff, and volunteers, the status of a service implemented by all—the sensory medicinal garden—in terms of its challenges and possibilities. The specific objectives were: to describe the creation and trajectory of the garden space; to describe the challenges and strengths of the garden space; and to list possibilities for maintenance, resizing, and sustainability of the garden space. The investment in the evaluative diagnosis is particularly important, as it enabled consistent qualitative results, resulting in the generation of diverse Social Technology products for the community, aimed at health education and health promotion. The conclusion was that the garden space fulfills its purpose, and the garden space project could be restarted with the participation of the group of users, staff, and volunteers to move toward revitalization. The goal was to summarize the activities deliberated by the work of strengthening the group and developing cultural competence among the participants in this intercultural experience. The guiding question was clarified by collectively answering it. This methodology empowered the voice of all project participants as knowledge producers. The perverse energy of the period was overcome by the team's healthy attitude. The relevance of the service provided by volunteer professionals who continue a project they co-authored is paramount.

Keywords: Qualitative Evaluation of Health Services. Psychosocial Care. Ethnic and Indigenous Groups in Urban Situations. Care through a Garden. Social Technology for Ethnodevelopment.

RESUMO

A avaliação de serviços de saúde em medicina investiga através de metodologia qualitativa para, por intermédio de respostas e depoimentos dos participantes, ser construída a visão de grupo acerca de determinada temática de interesse ou demanda. A característica da equipe voluntária do Núcleo de Estudos, Pesquisa, Assistência e Atenção Dr Benoit Mure do Serviço de Homeopatia da 7ª Enfermaria do Hospital Santa Casa da Misericórdia do Rio de Janeiro é o predomínio de pessoas maduras e idosas em plena atividade. Após o período de distanciamento social na pandemia por Covid19, a equipe optou por comparecer presencialmente para avaliar a questão do “espaço de saúde - jardim sensorial”, planejado por eles. Após um ano e meio, era o momento de todo este empenho ser avaliado e todos os imprevistos ocorridos apreciados, através de uma retrovisão para, a seguir, avançar-se elaborando a prospecção para novos delineamentos do jardim no serviço, e como isso seria feito, caso o projeto prosseguisse. O objetivo foi avaliar na perspectiva dos usuários, funcionários e voluntários como estava um serviço que foi concretizado por todos, o horto medicinal sensorial, em seus desafios e possibilidades. Têve como objetivos específicos: descrever criação e trajetória do espaço jardim; descrever desafios e fortalezas do espaço jardim; elencar possibilidades de manutenção, redimensionamento e sustentação do espaço jardim. Destaca-se a relevância do investimento no diagnóstico avaliativo quanto ao aprendizado da metodologia combinada utilizada (Delphi e grupo focal), quando foi possível elencar resultados qualitativos de maneira consistente, tendo sido gerados diversificados produtos de Tecnologia Social à comunidade para educação em saúde e promoção à saúde. Concluiu-se que o espaço jardim cumpre sua finalidade e o projeto poderia ser reiniciado com a participação do grupo de usuários, funcionários e voluntários para seguir rumo à revitalização do mesmo. A perspectiva foi a retomada das atividades deliberadas pelo trabalho de fortalecimento de grupo e de desenvolvimento de competência cultural aos participantes nesta experiência intercultural. Pôde-se esclarecer a questão norteadora, respondendo-a coletivamente. Tal metodologia potencializou a voz de todos participantes do projeto, enquanto produtores do conhecimento. A energia perversa do período foi suplantada

pela postura saudável da equipe. A relevância de um serviço de profissionais voluntários que prosseguem em um projeto cuja coautoria é deles, é máxima.

Palavras-chave: Avaliação Qualitativa de Serviços de Saúde. Atenção Psicossocial. Grupos Étnicos e Indígenas em Situações Urbanas. Cuidado por meio de uma Horta. Tecnologia Social para o Etnodesenvolvimento.

RESUMEN

La evaluación de los servicios médicos de salud utiliza una metodología cualitativa para desarrollar una perspectiva grupal sobre un tema específico de interés o demanda, basándose en las respuestas y testimonios de los participantes. El equipo de voluntarios del Centro de Estudios, Investigación, Asistencia y Cuidados Dr. Benoit Mure del Servicio de Homeopatía de la 7.^a Unidad del Hospital Santa Casa da Misericórdia de Río de Janeiro se caracteriza por un predominio de personas mayores y adultas mayores en plena actividad. Tras el período de distanciamiento social durante la pandemia de COVID-19, el equipo decidió participar presencialmente para evaluar el "espacio de salud - jardín sensorial" que habían planificado. Después de un año y medio, llegó el momento de evaluar todo este esfuerzo y cualquier imprevisto surgido mediante un análisis retrospectivo, para luego avanzar en el desarrollo de perspectivas para nuevos diseños del jardín en el servicio, así como su implementación si el proyecto continuaba. El objetivo fue evaluar, desde la perspectiva de usuarios, personal y voluntarios, el progreso de un servicio implementado por todos —el huerto medicinal sensorial— en términos de sus desafíos y posibilidades. Los objetivos específicos fueron: describir la creación y trayectoria del espacio del huerto; describir sus desafíos y fortalezas; y enumerar las posibilidades de mantenimiento, redimensionamiento y sostenibilidad. La inversión en el diagnóstico evaluativo es particularmente importante, ya que permitió obtener resultados cualitativos consistentes, resultando en la generación de diversos productos de Tecnología Social para la comunidad, orientados a la educación y promoción de la salud. La conclusión fue que el huerto cumple su propósito y que el proyecto podría reiniciarse con la participación del grupo de usuarios, personal y voluntarios para continuar su revitalización. El objetivo fue retomar las actividades deliberadas en el trabajo de fortalecimiento grupal y desarrollo de la competencia cultural entre los participantes de esta experiencia intercultural. La pregunta guía se aclaró y respondió colectivamente. Esta metodología fortaleció la voz de todos los participantes del proyecto como productores de conocimiento. La energía perversa del período fue superada por la actitud positiva del equipo. La importancia del servicio de profesionales voluntarios que continúan un proyecto del cual fueron coautores es de suma importancia.

Palabras clave: Evaluación Cualitativa de Servicios de Salud. Atención Psicosocial. Grupos Étnicos e Indígenas en Contextos Urbanos. Atención Através de un Huerto. Tecnología Social para el Etnodesarrollo.

1 HISTORY OF WORK IN ENVIRONMENTAL HEALTH

Initiated after the development of basic research in plant biotechnology, the Environmental Health, Parasitology, Bioethics Project of the Laboratory of Immunoparasitology and Toxicological Analysis of the Faculty of Pharmacy of UFRJ (SAPB-LIPAT/FF/UFRJ) has existed since 2016, as a retributive outreach activity to the community, especially to urban ethnic groups present in the city of Rio de Janeiro (Varricchio; Lage, 2020) who, in fact, brought us refugees with legal status in Brazil.

At the invitation, social workers from the Pares-Cáritas group (associated with the United Nations High Commissioner for Refugees - UNHCR) also attended and graciously provided guidance on developing an Education, Promotion and Health Care Project for these vulnerable people, who are also refugees (Alves, 2018).

This educational project was carried out online through hybrid teaching in the hidden curriculum (Machado-TUKANO et al., 2019), building citizenship and developing cultural competence for undergraduate students in the health field and various professions, through intersectoral partnership (Gaspar et al., 2020).

Due to the cultural and behavioral similarities harbored with the movement peoples with whom we work, it was extended to Brazilian ethnic members and indigenous peoples who experienced situations of inequity in Rio de Janeiro, evidenced, for example, by the high prevalence and incidence of Tuberculosis (Ferreira et al., 2020).

Due to the numerous demands, health education was first chosen through environmental health promotion (a branch of public health). Through the SAPB-LIPAT/FF/UFRJ Project, stages of the Ethnodevelopment Projects were completed online and in person for environmentally displaced people, members of camps, and members of urban ethnic groups and refugees residing in the city of Rio de Janeiro (Varricchio; Lage, 2020; Bentes et al., 2021).

Having a space for listening, care and psychosocial attention to everyday needs to be resolved cooperatively and creatively, in accordance with their customs, methodological knowledge was applied in search of simple, practical, educational and legal resolutions by the SAPB-LIPAT/FF/UFRJ Project (Dutra, 2019; Delaunay & Rangel, 2019; Nagamatsu et al., 2019; Oliveira et al., 2019; Wasim, 2019; Zafar et al., 2019; Wasim et al., 2021).

Social technologies can combine popular knowledge, social organization, and technical-scientific knowledge. What matters, essentially, is that they are effective and reusable, enabling large-scale social development.(FBB, 2021).Therefore, interventions

were undertaken in Social Technology, which comprised products, techniques or methodologies capable of being reapplied by their groups of origin, developed in this interaction with these communities and which represented effective solutions for social transformation, step by step increasing in complexity..

Social Technology is an innovative development proposal, considering collective participation in the process of organization, development and implementation based on the dissemination of solutions to problems focused on demands for food, education, energy, housing, income, water resources, health, environment, among others.(FBB, 2021).

Based on the perspective developed during the Plant Biotechnology training at UFRJ, participation in a research line on development technology was developed, in addition to the implementation of strategies combined with training in environmental bioethics and research (ENSP/FIOCRUZ). This resulted in a qualitative investigation on Traditional Knowledge and associated rights by the INPI (National Institute of Industrial Property), analyzing whether the legislation protects this knowledge and biodiversity, and whether it fosters ethnodevelopment. In other words, whether it favors the maintenance of the mental health of indigenous peoples with what they consider their true wealth—their ancestral knowledge (Varricchio & Lage, 2020), an issue that also coincides with one of the sustainable development goals advocated by international psychiatry (Patel et al., 2018).

This official report, delivered to evaluators at the INPI (National Institute of Industrial Property), a government agency under the Ministry of Economy, gradually led us to a qualitative research evaluation. However, this process was disrupted by the SARS-CoV-2 pandemic, which resulted in the unexpected loss of several ethnic and indigenous leaders, compromising the unique educational succession process of these peoples, instilling great fear and profound mourning (Varricchio & Lage, 2020).

This fact, related to terminality and the ancestral values of each culture abruptly interrupted (such as the grieving process itself), required an approach in clinical bioethics, also in its educational aspect, both for these members of the peoples and for undergraduate and graduate students (Pyrrho & Varricchio, 2020). Educational booklets, technical products, and articles were developed during the pandemic period aimed at prevention and health promotion (Varricchio, 2020, a; Correa et al., 2020;Varricchio et al., 2021;Hansel-Martins et al., 2021 In De Luna et al., 2021; Machado/Duigó-TUKANO et al., 2020 In Machado/Duigó-TUKANO et al., 2021;Borsato et al., 2021).

This entire process of loss of life and diverse mourning directed our work and qualitative research emphasis towards an ethnographic perspective (Machado/Doethyró-TUKANO, 2020; 2021) and ethnopsychiatry, aiming to promote psychosocial care for these groups, with a special focus on the elderly and mature people of native peoples (indigenous) and gypsies (Romani people) who found themselves in an urban situation in the city of Rio de Janeiro during that pandemic period.

1.1 CONTEXTUALIZATION OF THE HGSCMRJ OUTPATIENT SERVICE FOR THE GUIDING QUESTION

Through the Homeopathy Outpatient Clinic located in the 7th Ward of the Santa Casa da Misericórdia Hospital of Rio de Janeiro (HSCM-RJ), urban leaders began receiving clinical care at this service, which is territorially distributed and intersectoral. In addition to continuing to disseminate current national, state, and municipal public policies, we implemented new aspects of this service, which was developed in conjunction with these leaders, in accordance with their worldviews, maintaining ethical medical professional conduct (BR/MS/CNS, RES 510/2016). Founded by the Jesuits, HSCM-RJ was historically the first place to care for enslaved ethnic groups in the country, left to their fate (Bolognani, 2019).

This service was started in April 2018, with the proposal of preparing the team for specific assistance to urban ethnic groups, based on the clinical bioethics of the interethnic and intercultural clinic (Kottow, 2011), counting once again on the guidance of a social worker from the Pares-Cáritas group to the entire volunteer work team that has been working together on diverse projects since 1997 (Bolognani, 2019).

1.2 MISSION

The mission of this service was to provide care and assistance in clinical bioethics at the interethnic clinic in accordance with current legislation (BR/MS/CNS RES 510/2016), prescribing complementary therapy to those environmentally displaced individuals who sought our interinstitutional service. Refugees came upon the recommendation of social workers, ethnic leaders, and indigenous people in urban settings who provide solidarity support to migrants, and by spontaneous demand. Primary health care work was developed.(Varricchio & Lage, 2020),building a unique psychosocial care project during the period of social isolation (Varricchio, 2023).

1.3 HEALTH CARE SERVICE EVALUATION: CONTEXT - SPACE AND TEAM

In clinical care, Brazilian anthropological phytotherapy (whose use is known by these Brazilian populations) and homeopathic medicines were prescribed from April 2018 to February 2020, having returned after the period of social distancing (Varricchio, 2021; 2021a).

Regarding the number of rooms and spaces: 1 reception (1.0 x 1.0 m²), 1 space adjacent to the reception with a table and furniture (2.0 x 4.0 m²), 4 outpatient care rooms (3.0 x 4.0 m²), 1 acupuncture room (3.0 x 3.0 m²), 1 playroom (3.0 x 4.0 m²), 2 bathrooms for staff (1.0 x 1.0 m²), 1 pantry (3.0 x 4.0 m²), 1 classroom on the second floor of the ward with a library (above the pantry), 1 storage room (where the garden and small renovation materials are kept), 1 amphitheater, 1 women's and 1 men's bathroom, adapted for neurological users in the garden, 2 waiting benches in the corridor giving access to the ward (HOMEOPATHY SERVICE, 2021).

Regarding the number of professionals working (working hours, function and type of employment relationship), this is a voluntary service with a monthly activity lasting a full day (Saturday) with 3 doctors with approximately 35 years of experience, 1 with 20 years of experience (receiving visits from retired health professionals) who make up the team (Table 1):

Table 1

Homeopathy Service Team at Santa Casa de Misericórdia in Rio de Janeiro

Number	Professionals
3	clinical doctors (two female doctors and the head of the department)
1	dentist who develops health education work
2	art therapist professionals (1 doctor and 1 psychologist)
1	nursing technician
1	social worker
1	environmental educator with a degree in agricultural sciences
1	executive secretary
1	Reiki therapist
1	gardener
1	receptionist who naturally performs the role of community agent
1	canteen owner (who volunteered during the pandemic)
5	Volunteers: 1 African-American medical student, 1 Hebrew-American medical student, 3 Pakistani-American members.

Source: The Authors.

Regarding the profile of the clientele served: 90% of the clientele present with psychosomatic disorders with a physical location. We have users of the Unified Health System (SUS), others released for free treatment after an interview with a hospital social worker; and users who pay for philanthropic consultations, in which case 30% goes towards maintaining the Service.

Our work encompasses outpatient services as such and also access to two of the four larger flowerbeds in the main garden, authorized by the HSCM-RJ. These gardens are used for primary care psychosocial care, through health promotion, health education, and a health care space through a medicinal garden and an employee garden (HOMEOPATHY SERVICE, 2021; Moraes et al., 2021).

Then came the attention and care that a garden could provide. There was joint planning aimed at a garden with multiple functions: for circulation and relaxation, study and research, as well as attention and well-being through sensory stimulation for all who passed through it. The diverse actions were carried out by the group of professionals and volunteer citizens and by the participants themselves from foreign and Brazilian ethnicities, in a transversal manner and with a transcultural bias, in addition to the supportive, competent and voluntary guidance of environmental educator Sandra Ávila Gaspar, throughout 2019. All this effort culminated in the intercultural collective planting activity on February 15, 2020, 15 days before the state of pandemic and social isolation was declared by the World Health Organization/WHO (Gaspar et al., 2023).

1.4 CHALLENGES

Users of ethnic origin, because they were considered vulnerable, during the critical period of the pandemic and still without vaccination, needed to withdraw, redoubled self-care and since then used plants from their traditions to increase organic resistance (Doethyró-TUKANO, 2020; Alves/SATERÉ-MAWÉ, 2021; Zafar et al., 2019; Wasim et al., 2021). They were vaccinated in due course.

Previously, they had reported receiving good clinical care guaranteed by the SUS in areas close to where they live. However, those with irregular housing occupation do not feel fully covered due to invisibility, which culminates in their exclusion from the territory and health planning. Furthermore, there is a language barrier, a fact that has triggered anxiety among them, due to the concrete risks of the pandemic and the increased feeling of vulnerability, something that is rarely reinterpreted (Varricchio, 2023).

According to a social worker (Alves, 2018), among foreigners in Rio de Janeiro, the greatest need is for adults and children from Congo, who have experienced a series of threats and concrete violence. There is a loosening of social connections, observed in their attitudes, although they appear to feel good about the welcome, tranquility, and security, especially regarding the care of their children. The children arrived well-nourished, yet quite weakened, appearing withdrawn, suggesting a clinical picture of post-traumatic stress associated with impaired adrenal gland function. With mandatory social distancing, care for these long-term refugees has virtually ceased, even discontinued due to the impossibility of maintaining telephone contact.

The groups stopped attending due to: social distancing mandates, non-renewal of public transportation permits, and extreme financial hardship. Based on this understanding, a situational diagnosis emerged:

From those ethnic members (from Brazil and abroad) present in the municipality of RJ, who continued to live under stressful conditions of insecurity, risk of food shortages and without prospects of activities for financial autonomy.

1.5 SOCIAL DISTANCING AND POSSIBLE SERVICE

Given the severe social determinants (Patel et al., 2018), it was necessary to move towards psychosocial care (Pyrrho & Varricchio, 2020), aiming at harm reduction (Machado/Doethyró – TUKANO et al., 2021). We count on the collaboration of a dancer for primary health care for isolated elderly people, through dance movement and a message of hope: “Liane de Luna - sensitivity and resilience” (SAPB-LIPAT & MACPE-PROVE/UFRJ – External Videos, 2021).

1.6 NEW CHALLENGES

The imposition of social distancing brought unprecedented problems to the sensory garden project: A pomegranate bush was literally uprooted and stolen. Most of the plant identification signs, along with photos with common and botanical names (Aloe, Guaco), were stolen. Parts of the mastic tree were stolen. Another ward claimed the space where the compost bin with humus and worms was located, and it was destroyed. Therefore, the soil was not revitalized, without our knowledge, so we could seek feasible solutions.

As for the employees, the garden served them for a year and a half. They took advantage of varied work schedules to harvest (and replant), feed themselves, and even

bring food home to their families. The employees also viewed the activity as a time of "relaxation" as they tended the beds and observed the fresh air, birds, and butterflies that naturally came to inhabit this space.

Some ethnic users (also "foreigners") needed to "rest internally" in that garden-space. When they managed to leave their homes and shelters, they remained there, quiet and silent, recovering.

Meanwhile, a worrying conflict has arisen.

The staff felt aggrieved by the thefts that occurred immediately after the facility reopened. They were told over the phone that the space belonged to everyone, as it was a public hospital courtyard with flowerbeds. In return, they proactively proposed making seedlings available at the entrance to prevent theft (Moraes et al., 2021).

The impression was that the pandemic seemed to have caused such social, moral, and psychological suffering that it revealed a brutalization of the people who passed through them, adopting perverse behavior, bordering on "anomie." This is a worrying fact, given that the primary purpose of these planned gardens was to encourage the circulation of people, providing well-being as a sensory garden and medicinal garden, for teaching and research.

2 GUIDING QUESTION

During the period of our physical absence due to social distancing, the psychosocial attention/care provided by the sensory garden, in itself, seemed to have exceeded the initial expectations of the group's proposal.

The gardener and staff did their best, despite a miscommunication regarding the compost bin, which failed to replenish the soil with humus and worm castings. New seedlings were planted in different locations, modifying the initial mapping. These were unexpected situations, but all were manageable.

The volunteer team is characterized by a predominance of mature and elderly individuals. Having already received their second dose of the vaccine, the team chose to attend in person to assess the gardening issue, which they considered crucial. After a year and a half, it was time to evaluate all this effort and assess any unforeseen issues that occurred, through a retrospective analysis. Then, they could move forward with the development of prospects for new service designs and how they would proceed if the project were to continue.

In a first qualitative diagnostic assessment, an evaluative research was carried out in accordance with Donabedian (1986), regarding the attention/care process through a garden, based on the opinions of users, employees and volunteer professionals (Wasim et al., 2023).

To evaluate the garden space on screen, questions were prepared and organized in a semi-structured script and interview, in order to document the participants' evaluative perspective regarding challenges, strengths and possibilities (Marques & Freitas, 2018).

The overall objective of this article is to evaluate, from the perspective of users, staff, and volunteers, the status of a service that was planned and implemented by all—the sensory medicinal garden—in terms of its challenges and possibilities. From this perspective, the specific objectives are: to describe the creation and trajectory of the garden space; to describe the garden's challenges and strengths; and to list possibilities for maintenance, resizing, and sustainability.

3 METHODOLOGY

After submission to Plataforma Brasil and authorization from CEP/CONEP for the use of the audiovisual recording material of the event held as a product of a master's dissertation in psychosocial care (VARRICCHIO, 2023 Figure 2: Poster promoting the Seminar Program - Partnership with the Homeopathy Service at SCM-RJ / PROVE and MEPPSO / UFRJ) available online in the SAPB-LIPAT/FF/DAC/UFRJ Project), a retrospective evaluation of the outpatient service aimed at monitoring ethnic and indigenous members in urban situations in the city of Rio de Janeiro was carried out in two moments: associating the Delphi Method with the focus group. This experience will be described qualitatively as a case study (Ventura, 2007).

Figure 2

Poster promoting the Seminar Program - Partnership with the Homeopathy Service at SCM-RJ & PROVE/MEPPSO/IPUB/UFRJ

TEMA: Desafios e Possibilidades da Atenção Psicossocial em Tempos de COVID 19 - Projeto Étnico Cultural em Território Urbano (I)

Público-alvo: Pessoas de todas as idades e etnias, estudantes, profissionais, pesquisadores e instituições interessadas.

Data: 21 de agosto de 2021 – Sábado

Horário: 08:00 às 14:00h

Local: Hospital Geral Santa Casa de Misericórdia do Rio de Janeiro – Rua Santa Luzia, 206 – Centro, Rio de Janeiro – RJ – CEP 20.020-022

ENTRADA FRANCA

PROMOÇÃO: Projeto de Valorização do Envelhecimento (PROVE), um dos laboratórios da Universidade Federal do Rio de Janeiro (UFRJ) que atua em ensino, pesquisa e extensão junto a academia e a população. Realiza, dentre suas ações registradas no Sistema Integrado de Gestão Acadêmica (SIGA) seminários que contam com participação de parceiros em redes interna, local, nacional e internacional.

PARCERIA: Serviço de Homeopatia no Hospital Geral Santa Casa de Misericórdia do Rio de Janeiro

PROGRAMA

08-09:00 Café da Manhã / Acolhimento / Contratemporalização Multicultural

09-10:00 Mesa Redonda (I): Avaliação de Desafios e Possibilidades de Projeto Étnico Cultural em Tempos de COVID-19: Perspectivas de seus Coautores.
Expositora: Marcia C.B.N. Varricchio – UNIFASE / MEPPSO / MACPE-PROVE / IPUB

10-11:00 Roda de Conversa / Grupo Focal: Possibilidades de Projeto Étnico Cultural em Tempos de COVID-19: Propostas e Paletas.
Facilitadores: Marcia C.B.N. Varricchio – UNIFASE / MEPPSO – MACPE-PROVE – IPUB – UFRJ
Paulo Goldoni – MEPPSO – MACPE-PROVE – IPUB – UFRJ
Jaqueline Da Silva – EEAN – DEMC – MEPPSO – MACPE-PROVE – IPUB – UFRJ

11-11:30 Visita ao Projeto Étnico Cultural - Espaço Jardim de Todos os Lugares

11-11:30 Roda de Conversa no Espaço Jardim Todos os Lugares / Saúde Integral (I): Cuidado com a Cavidade Oral em Comunidades Étnicas - Periodontite nas Fases da Vida. (Não ocorreu devido a contaminação por Covid-19 pela Dra. Rosana Lima)
Facilitadora: Rosana Ximenes Lima – Serviço de Homeopatia na Sta. Casa de Misericórdia do Rio de Janeiro

11:30-12 Mesa Redonda: Saúde Física e Mental, Origem na Amazônia e Trajetória Tukano em Centro Urbano do Rio de Janeiro. Momento Covid-19.
Expositor: Chefe Carlos Machado – DEOTHYRO TUKANO

12-13:30 Almogo Transcultural

13:30-14 Sessão de Encerramento: Competência Cultural e Atenção Psicossocial em Contexto de um Projeto Étnico Cultural em Território Urbano
Facilitadora: Jaqueline Da Silva – EEAN – DEMC – MEPPSO – MACPE-PROVE – IPUB – UFRJ

Projeto de Valorização do Envelhecimento (PROVE) Universidade Federal do Rio de Janeiro (UFRJ) / Faculdade de Enfermagem Anna Nery (EEAN) / Instituto de Pesquisa (IPUB). Endereço de Sede do Laboratório: Avenida Venezuela Brls. 71 - Anexo Leme Lopes, Sala 04 - Campus Pira Vermelha - Botafogo, Rio de Janeiro, RJ - CEP: 22.290-140.

Source: The Authors.

The first evaluation stage was through a semi-structured questionnaire in accordance with the Delphi method (Marques & Freitas, 2018) where participants described the history, positive aspects, maintenance challenges and the future of the garden space.

In the second stage, a focus group was formed (Morgan, 1992; 1996) in an environment close to the garden space to provide participants with feedback on the results and encourage joint discussion on possibilities for the future of the garden space.

Participants were invited to participate by telephone; to answer questions in free writing by email or via a smartphone app; and to participate in the in-person focus group scheduled for 21 days later. All signed an informed consent form for the use of sound, images, and content.

At the end of the first stage, the information collected was grouped to list the results using elements of the Delphi method (Marques & Freitas, 2018). It was then organized for

feedback and used in the second stage, the focus group (Westphal; Bogus; Faria, 1996; Iervolino; Pelicioni, 2001).

From the moment of the invitation, participants were instructed that if any other memory arose that they wanted to talk about, they could add it or even remove any part that they had considered inappropriate in their “speech”, during the personal group meeting that took place in the third week of the following month (August 21, 2021), an interval whose potential constituted a time for reflection and maturation of the guiding question (Borges; Santos, 2021).

The second moment or focus group was operated by 3 people (1 facilitator, 1 image and voice capturer, 1 who observed and recorded behaviors and content addressed).

Before the start of the focus group, participants were informed about the activity, which would begin with preliminary feedback on the grouped responses, which would serve as triggers for the meeting to qualitatively evaluate the garden and the service (Borges; Santos, 2021).

Operationally, data tabulation and analysis were performed over 30 days to complete the analysis. The instrument used is presented in Table 2 below:

Table 2

Semi-structured Guide for Evaluative Research of the Garden of the 7th Ward of HSCM-RJ

QUESTION GUIDE(Retrospective / Prospective) PARTICIPANT: In _____	
Node	In your experience / according to what you know, see or hear
01	How did the garden space come about/was created? 01.1 - Please provide details about the garden space: Its creators, users and purposes.
02	Have you ever used () or do you use () the garden space? Before the pandemic () After the pandemic () 02.1 - How?
03	How did the garden space work before (until the beginning of) the Covid-19 pandemic?
04	How did the garden space work during the Covid-19 pandemic?
05	How is the garden space today?
06	What could the garden space look like today?
07	What could the garden space look like from now on/in the long term?
08	What to consider for long-term garden maintenance? 08.1. - Please describe strengths/assets in aspects, people, attitudes, arrangements or things to: a) Keep in the garden space b) Create in the garden space 08.2 - Please describe challenges to consider when maintaining the garden space, and how these challenges could be overcome.

QUESTION GUIDE(Retrospective / Prospective) PARTICIPANT: In _____	
Node	In your experience / according to what you know, see or hear
09	Would you like to add any information or comments to what we discussed about the garden space?

Source: The Authors.

4 RESULTS

Of the 19 people who made up the team between April 2018 and August 2021, 15 responded. Nine were female and six were male. Two Pakistani volunteers from the NGO HUMANITY FIRST did not respond directly, although the third Pakistani woman completed the questionnaire and expressed herself for all three (cultural habit). This is likely a result of a language barrier, with difficulty writing in Portuguese.

4.1 GROUPED RESPONSES

This semi-structured questionnaire and interview, in its question set stages, addressed the historical issue of the HSCM-RJ garden, the affective and care issue, the requested and desired demands, and the potential empirically evidenced during the pandemic period.

This is a historic garden, existing since the founding of HSCM-RJ, and was the courtyard where hospitalized patients would sunbathe. The first question showed that the group members knew, in part, the garden's history, as demonstrated in the responses in Tables 3 and 3a.

Question 01: How did the garden space come about/was created?

Table 3

Answers to Question 01 - How did the garden space come about/was created?

Question 01: How did the garden space come about/was created?	
1	It has existed since 1800.
2	The idea came from the group that was implementing a new type of care focused on health as a whole and the space seemed to be important not only for the cultivation of medicinal plants that could be donated to patients but also for being a space for relaxation, being conducive to the introduction of other future practices related to mental health such as yoga, tai chi, meditation, etc.
3	The Santa Casa Hospital was founded in colonial Brazil and is surrounded by gardens. This particular garden had previously been given to the Homeopathy department for the cultivation of medicinal plants, and a previous group (I believe from the JBRJ) had planted some seedlings (Aloe vera, etc.) together with the doctor in charge of the service.
4	Dr Marcia Varricchio and assistants.
5	It arose from the desire to create a "Garden of Everywhere" where there would be plant seedlings that would be used for research and study by medical students.
6	It was an initiative by Dr. Marcia Varricchio, focusing on the benefits of medicinal plants in the Santa Casa garden for both patients and staff. Integration, health, and ecology.
7	Its creators were teachers who came together and created a Garden of Everywhere in the 7th ward of the HGSCMRJ, promoting health and preventive medicine. This garden contains herbs from various places (ETHNICITY), for the purpose of organic medicinal cultivation.
8	I don't know.
9	The need to have plant material for dynamization (for research).
10	The idea of making better use of existing space for growing plants and creating a garden that can also be enjoyed.
11	Since it was founded.
12	It was prepared for reception.
13	I was already familiar with the gardens, but it wasn't until Dr. Fábio Bolognani and Dr. Marcia Varricchio started this project that I began to see results. So, I got excited and started to pay more attention.
14	It arose from a group of physician friends and scholars who wished for a space close to nature, so that everyone could benefit within the Santa Casa da Misericórdia Hospital, where they could also cultivate medicinal plants for the use of all.
15	At Santa Casa da Misericórdia Hospital, my mother, sister, and I were invited to participate by Professor Marcia for a year.

Source: The Authors.

Table 3a

Answers to Question 01.1 - Please provide details about the garden space: Its creators, users and purposes

Question 01.1 - Please provide details about the garden space: Its creators, users and purposes.	
1	Government of D. João VI, Jesuits. Hospital courtyard.
2	The creators were the professionals at the forefront of the work, users would be all of us in addition to the patients and the purpose, the search for balance as part of the treatment and a space for reflection.
3	When invited to join the team in 2018, head physician Fábio Bolognani asked if she would like to continue the plants project started by the other group. So, a plan was drawn up with the interdisciplinary and transdisciplinary team, which, together, established the Benoit Mure Center for Studies and Research in Phytotherapy with Brazilian Anthropological Roots, and subsequently, the Jardim de Todos os Lugares (Garden of All Places). It's designed to be a sensory garden for users, staff, and volunteers, as well as a study and research space for undergraduate and graduate students, and service professionals.

Question 01.1 - Please provide details about the garden space: Its creators, users and purposes.	
	<p>But above all, it is a place for inner retreat, reharmonization, a moment to be with yourself or to be in well-being with other people and nature.</p> <p>Foreign refugees and urban Brazilian ethnic groups need this open space where they can move without fear of being robbed or suffering violence.</p> <p>A Pakistani Muslim was spat on in downtown Petrópolis; some refugees in the city of Rio de Janeiro had to give up their belongings to avoid violence (including sexual violence).</p> <p>This is a place where so many contradictory emotions can be remade, for our users, for everyone who passes through Casa da Misericórdia.</p> <p>During the critical period of the pandemic, the garden offered peppers, herbs, mangoes, etc., which served as food for employees.</p> <p>His initial mission was to use homeopathy for research. The garden's mission has grown and deepened. We need to maintain its organic cultivation and use of homeopathic solutions.</p>
4	Those assisted with auxiliary healing purposes: herbs and also fruit plants.
5	The garden space was created with the contributions of all ethnicities, staff, and guests from diverse backgrounds and backgrounds. Many hands, many intentions, and many vibrations of unity in this garden space.
6	It was an initiative by Dr. Marcia Varricchio, focusing on the benefits of medicinal plants in the Santa Casa garden, for patients and staff. The entire team was invited to participate, bringing seedlings and seeds for collective planting. We had already studied some plants and explored their symbolism through art therapy activities. We tilled the soil to receive the seeds and seedlings and then monitored their germination. It was a moment of joy and affection, a moment of integration, health, and ecology.
7	Its creators were teachers who came together and created a Garden of Everywhere in the 7th ward of the HGSCMRJ, promoting health and preventive medicine. This garden contains herbs from various places (ETHNICITY), for the purpose of organic medicinal cultivation.
8	I didn't participate.
9	The creators were the staff of ward 7, its users are all those who need it and the purpose is to bring harmony, health, well-being and medicine to all who know it.
10	The project was created by the staff of Ward 7. Staff members and patients are among the users of the garden, whether to prepare medicines or to enjoy the space.
11	I was very pleased when I was invited to be part of this project by Dr. Fábio and Dr. Marcia, as I have worked at Santa Casa for 30 years and nothing like this has ever happened before. I think this project will bring many benefits to everyone.
12	Things were going well until the pandemic began, but then things took a nosedive. But now we're full of anticipation to start planting and harvesting again.
13	Once they started taking care of it, you could see that something enjoyable and also helpful for everyone could be done there, with medicinal plants.
14	Dr. Márcia Varricchio invited me to visit the space, where I met several people from different ethnicities, all sharing the same goals of unity, solidarity, and knowledge exchange. To integrate everyone's wisdom into the Whole.
15	<p>Cultural activities take place there, with exchanges between peoples. We bring medicinal plants, including Pakistani ones, as a way to represent our culture.</p> <p>Amidst so many activities, we make our lunch. These are beautiful moments. Cultural and food exchanges take place. We bring Pakistani bread, stuffed with bread. Lentil bread—there are many, just as there are various beans here. It's interesting to learn about how this interplay between peoples and ethnicities unfolds.</p> <p>Details about the condiments: Seasonings used by different peoples in different ways—indigenous, Muslim, Indian, and Brazilian. An explosion of flavors! So much to learn. A truly wonderful experience!</p>

Source: The Authors.

Its creators, users and purposes.

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there are many, just as there are various beans here. It's interesting to learn about how this interplay between peoples and ethnicities unfolds.

Details about the condiments: Seasonings used by different peoples in different ways—indigenous, Muslim, Indian, and Brazilian. An explosion of flavors! So much to learn. A truly wonderful experience!

Answers to Question 02: Have you ever used the garden space? Before? After?

All members of the volunteer group had already used/enjoyed the garden space before the pandemic, during the preparation stages for joint planting. Only employees used it during and after the pandemic, that is, three out of fifteen people. How the garden was previously used is shown in Table 4 below.

Question 02.1 – How did you use the garden?

Table 4

Answers to Question 02.1 – How did you use the garden?

Question 02.1 – How did you use the garden?	
1	A place of peace for patients and employees.
2	Before the pandemic, I used it to replenish my energy by observing the nature cultivated there, the silence and the birds.
3	To "breathe" during breaks between appointments. To gaze at the sun. To dream of possibilities for this space.
4	I just met him.
5	My only contribution to the garden, besides helping plant a seedling, was through art therapy. We planted through words and intentions for the planet, the universe, and the prosperity of this garden.
6	Walking around the place and observing the growth of the plants sown with love and care.
7	For the study of Pharmacobotany.
8	I went to check it out.
9	Planting and helping to plant the species that exist there. I've used it for leisure.
10	Caring for and cultivating the land for planting seedlings and seeds.
11	To rest after lunch, to take care of the cats.
12	Planting some and putting some fertilizer on the ground and keeping an eye out for vandalism.
13	"He didn't answer"
14	I took part on the opening day, helping with the planting of seedlings. Exchanging energy with the Earth, alongside many people I never thought I would meet. From different faiths, ethnicities, and cultures. Wonderful.
15	Planting and studying.

Source: The Authors.

Here, we identified the perception of the use of the garden space before the pandemic, its varied uses, and its location (Table 5). The notion of well-being in the space predominated, forming part of the proposed care and attention.

And then came the clarifying answer for us about the “speech” of the employees seeking to protect the garden space from foreign and strange people (Table 5), who carried signs, broke plants, among other things:

"Because Santa Casa is part of Rio's historic tourist route, groups of tourists and schools always go there." [Eliane Moraes]

Table 5

Answers to Question 3.0 - How did the garden space work before (until the beginning of) the Covid-19 pandemic?

Question 3.0 How did the garden space work before (until the beginning of) the Covid-19 pandemic?	
1	Place of passage.
2	I think it's always functioned as a space for conversation, meditation, and fellowship. I think we weren't able to develop it further because of the pandemic.
3	Entrance and exit passage for our wheelchair users to access the accessible restrooms, as well as their families. A "waiting room" for restless children. And for adults, refugees from other countries, who need some peace and quiet away from the hustle and bustle and violence.
4	It was maintained by an assistant.
5	He didn't answer.
6	He didn't answer.
7	Clinical work in root phytotherapy (Brazilian anthropology NA) and research in Geo (botanical and medical NA) and Pharmacobotanics
8	Passage to the bathrooms.
9	By visitors who, not infrequently, harvested its fruits.
10	I don't know how to answer.
11	For the people who frequent Santa Casa, its employees, and healthcare professionals. Because Santa Casa is part of Rio's historic tourist trail, tourist and school groups often visit.
12	With patient visits.
13	It was well cared for and had Saturday meetings with Dr. Marcia's team. Patients also visited and even people asked for seedlings.
14	A meeting place for the people who helped create the Garden. Who, in some way, contributed to its formation
15	Visits.

Source: The Authors.

Question 05: How is the garden space today?

They all replied, "I don't know." Although the emotional memories were very fond and intense, everyone was unaware of the state of the space, a fact that highlighted their prioritization of other issues during this year and a half of the pandemic.

Question 06: What could the garden space look like today?

When asked about how the space could be today, the main focus was the desire for expansion of the garden, new activities and the existence of flowers coloring the place (Table 7).

Table 6

Answers to Question 04 - How did the garden space work during the Covid-19 pandemic?

Question 04 How did the garden space work during the Covid-19 pandemic?	
1	Passage and stop for employees and patients.
2	It didn't work... it was just left under the gardener's care.
3	Only passage to go to the bathroom, very few people circulating during social distancing.
4	I don't know.
5	He didn't answer.
6	He didn't answer.
7	I don't know. I didn't go there during the pandemic.
8	I don't know.
9	As far as I know, it didn't work.
10	I don't know how to answer.
11	I continued caring for them, but with limitations. And thank God, the plants survived.
12	He was limited, he didn't have access to care, but he managed to resist.
13	It got complicated, because the hospital closed, but the plants resisted, of course, with some losses.
14	I don't know.
15	It was necessary to stop meetings with the pandemic.

Source: The Authors.

Question 05: How is the garden space today?

They all replied, "I don't know." Although the emotional memories were very fond and intense, everyone was unaware of the state of the space, a fact that highlighted their prioritization of other issues during this year and a half of the pandemic.

Question 06: What could the garden space look like today?

When asked about how the space could be today, the main focus was the desire for expansion of the garden, new activities and the existence of flowers coloring the place (Table 7).

Table 7

Answers to Question 06 - What could the garden space look like today?

Question 06: What could the garden space look like today?	
1	This way, but with greater use.

Question 06: What could the garden space look like today?	
2	I think that due to the pandemic everything came to a standstill and if it weren't for that, several projects could have been implemented, always thinking about a place for anti-stress practices.
3	With the fruit trees already producing, with many flowers, and with certification, it was not possible to continue with this during the pandemic.
4	It could be receiving greater care and also expanding.
5	Maybe with more seedlings and more access.
6	He didn't answer.
7	I have no idea what maintenance is like due to the pandemic.
8	I don't know.
9	Wow, I can't even imagine. It could have grown in variety, quantity, and beauty.
10	More attractive and with a greater variety of species.
11	If this pandemic hadn't happened, we would certainly have had better quality seedling development.
12	Redoing everything to give it a new look. It's renewing itself, becoming beautiful. It will surely be blooming again in the future, full of seedlings and fruit.
13	I believe that, over time, more people will become aware.
14	Radiant with positive and healing energy, where everyone could integrate knowledge, friendship, support, and unity.
15	With activities returning.

Source: The Authors.

Question 07: What could the garden space be like from now on/in the long term?

The keynote of the desire for the garden space is its expansion and maintenance to fulfill its purpose as a space for relaxation and integration with nature, benefiting those who pass through it. The desire for a water source (or fountain) stood out, that is, for local movement through water (affection, fluidity), as shown in Table 8.

Table 8

Answers to Question 07 - What could the garden space be like from now on/in the long term?

Question 07: What could the garden space be like from now on/in the long term?	
1	Activate the fountain.
2	I think it could fully fulfill the function desired when it was created... Learning about cultivation, caring for the land, the healing that the land can offer us, in addition to contemplating all the experiences that could be implemented there.
3	You need to be certified so we can begin research and teaching in Environmental Education, without being an amateur, providing citizenship to our users.
4	It could have a mini water fountain, more flowers. Always expanding and diversifying.
5	It could be a space effectively used for consultation and learning.
6	Expanded. Organize guided tours before appointments to enhance the relationship before and after the appointment.
7	More species of medicinal plants could be included in the garden, expanding the work.
8	I have no idea.
9	A small park with fountains, flowers and fruit, which will bring peace, harmony and beauty to its visitors.
10	Gain more attention from other teams, with different care and uses.

Question 07: What could the garden space be like from now on/in the long term?	
11	With the teams' return, it will certainly be a major improvement, allowing for the monthly meetings with Dr. Marcia Varricchio and her team. And it will be ready and beautiful to welcome tourists visiting Santa Casa.
12	It will be exactly what it already was. Intensified care. More plantings, and people visiting to feel outdoors without feeling sheltered. That was the goal. To feel renewed. That's exactly what we want it to offer.
13	With more people helping to keep the space tidy, and with more medicinal plants, so that it can be used by everyone who passes by.
14	Exactly as I described earlier.
15	Keep careful.

Source: The Authors.

Question 08: What to consider for long-term garden maintenance?

The responses emphasized the need for a permanent person to clean and maintain the garden, who would be trained for this role. One person considered resuming guided garden classes. Another mentioned the need for external financial support for the garden's maintenance and development (Table 9).

Table 9

Answers to Question 08 - What should you consider for long-term garden maintenance?

Question 08: What should you consider for long-term garden maintenance?	
1	Cleaning staff once a week.
2	Cleaning, caring for and fertilizing the land without using pesticides, only natural products or homeopathy.
3	More staff involved for effective site maintenance. Training the gardener or whoever will take on this role.
4	Consider actions that promote the qualitative and quantitative increase of the garden space.
5	Someone caring.
6	He didn't answer.
7	Keep an eye out for weeds, fertilize the soil, and combat fungi and pests.
8	I have no idea.
9	We would have to have someone at least twice a week, purchasing supplies and renewing some varieties.
10	Renovation, material, labor, costs and new acquisitions.
11	The union of everyone involved with the garden space.
12	Fertilization, on-site maintenance, expenses for the person who irrigates, cleans, and weeds. It depends on the team's willingness, but certainly on material costs. But I believe that over time, all of this will happen.
13	Financial aid.
14	Limpeza do local e, como não sei como se encontra nos dias atuais, talvez, novas plantas. Presença de insetos polinizadores, flores, etc.
15	As teacher Marcia guided us (in NA cultivations), she could guide others.

Source: The Authors.

Question 08.1.a - Please describe strengths/assets in aspects, people, attitudes, provisions or things to be preserved in the garden space:

Everyone, without exception, wants to keep the garden as it is, maintaining its cleanliness and maintenance. As a result, some considerations regarding garden conservation highlighted the word "access," suggesting a desire to publicize the project to gain more support in terms of human, professional, and financial resources, as shown in Table 10:

Table 10

Considerations regarding garden conservation

Considerations regarding garden conservation:	
1	In conservation, a staff member assesses the plants' needs for proper care, including pruning, fertilizing, and watering. We could help, but I think it's difficult for us to commit to this since we all have other responsibilities.
2	Water and fertilize the land.
3	Ecological awareness.
4	Expand the planting of medicinal herbs, providing treatments.
5	Preserve the physical structure and some larger species in the garden space, and invite a few patients to get involved in the work and process of conserving the space.
6	Access for everyone so they can feel the importance of the project.
7	Preserve the structure to have access, access to the flowerbeds always clean.
8	Access for all.

Source: The Authors.

Question 08.1.b - Please describe strengths/assets in aspects, people, attitudes, arrangements or things to create in the garden space.

As for the strengths and innovations for the garden space, cultural and art activities, meditation classes, PANCs (non-conventional food plants) area, flower area, benches for people to sit on, new explanatory signs and distribution of seedlings were mentioned (Table 11).

Table 11

Answers to Question 08.1.b - Please describe strengths/assets in aspects, people, attitudes, arrangements or things to create in the garden space

Question 08.1.b - Please describe strengths/assets in aspects, people, attitudes, arrangements or things to create in the garden space:	
1	It needs more seedlings.
2	Creating art activities, contemplative as I said before, offering classes of various modalities linked to meditation, including charging for the maintenance of a professional, would not be a gym, but a modest price to move the place through the employees who work in the house as well as people from outside, neighbors and students (when classes start again).
3	More people, employees involved in the other gardens at Santa Casa, distributing seedlings and creating a vegetable garden for the employees themselves. Space to set up benches for people to sit and sunbathe.

Question 08.1.b - Please describe strengths/assets in aspects, people, attitudes, arrangements or things to create in the garden space:	
4	Just take care.
5	Perhaps some benches for people to contemplate this garden and nourish themselves. To energize themselves on other levels.
6	Flower space.
7	Creation of a maintenance and preservation plan for planted species.
8	He didn't answer.
9	Park structure such as benches, birdbaths, placement of PANCs, etc.
10	PANC area, flower area, benches, explanatory signs.
11	More meetings with visits.
12	Create planting options so that over time there is access to more seedlings.
13	Fountain working.
14	As mentioned earlier, perhaps the presence of pollinating insects and more flowers and new seedlings.
15	New cultural activities.

Source: The Authors.

Question 08.2 - Please describe challenges to consider when maintaining the garden space, and how these challenges could be overcome.

As a challenge, the response "start over" caught my attention. Certainly, nothing will ever be the same again before the pandemic. All lives have been profoundly and intensely changed during this pandemic. Workplaces and homes, labor relations, and the priority needs of the period require radical changes.

In general, the maintenance challenge was linked to financial issues and the need for specialized labor. Another challenge that permeated the responses was socio-environmental education. One suggestion to overcome these challenges would be to spark the interest of users, other teams, and the public in participating in this garden space (Table 12).

Table 12

Answers to Question 08.2 - Please describe challenges to consider when maintaining the garden space. And how these challenges could be overcome

Question 08.2 - Please describe challenges to consider when maintaining the garden space, and how these challenges could be overcome:	
1	Funding for two daily allowances for employees + seedlings.
2	The challenges for me are always financial, unfortunately...but in the medium/long term we could invest in these classes to be able to earn some income...
3	The staff were upset with people who stole shrubs, signs, and broke plants. It would be nice to have cameras. However, a garden is for everyone. The garden's mission is to bring peace to hearts that lack access to the good things in life. Our garden's mission has grown with the pandemic.
4	The presence and frequency of caregivers and providers who have not yet returned due to the pandemic.
5	Have someone responsible for taking care of the space.

Question08.2 - Please describe challenges to consider when maintaining the garden space, and how these challenges could be overcome:	
6	He didn't answer.
7	You have to fertilize the soil periodically at least every 3 to 4 times a year.
8	He didn't answer.
9	In my opinion, the biggest challenge is retaining the workforce, which must be permanent.
10	The cost (labor and supplies) of maintaining the space. Arousing the interest of patients, other staff, and the community. An "adopt-a-garden" project could be a solution.
11	Awareness and more financial assistance.
12	It's the care, education, and general guidance for those who use it, for those who go there and pick up a seedling, so that they can use it responsibly. Guidance on how to collect a seedling for your own use.
13	Social education and cameras.
14	I believe that maintenance must be a great challenge. At the moment, I don't know who is responsible for this part. But if there isn't anyone, then at least if the group gathers every two months for this purpose, the Garden will remain strong.
15	Start over.

Source: The Authors.

Question 09: Would you like to add any information or comments to what we discussed about the garden space?

Everyone was satisfied with the instrument, as they did not want to add any information or comments.

However, it's very interesting: Affectively, they wrote concluding sentences. This question seemed to resonate with them as a way of expressing a wish, of offering a congratulatory wish. The expressions are shown in Table 13:

Table 13

Answers to Question 09 - Would you like to add any information or comments to what we discussed about the garden space?

Question09: Would you like to add any information or comments to what we discussed about the garden space?	
1	I just wanted to say that I miss the fountain... I wish it was working, that would be the icing on the cake.... but, we ran into financial issues again...
2	We could maintain agreements with interested organizations and individuals and increase, enhance and extend the benefits to those assisted.
3	I believe that the garden can serve not only for students' studies, but for many other aspects of people's lives, bringing or rescuing emotional memories of a pleasant place to be.
4	I've always made myself available to maintain the space. Lately, I've barely been able to maintain it, but I'm still interested in being present at least once a month, contributing what little I know.
5	We cannot let the project for this space end.
6	I hope this project evolves more and more every day.
7	What we have to do now is wait for the project to evolve to get a sense of the response and results obtained in the garden space.
8	Thank you for being part of this project.

Source: The Authors.

This analysis of the Assessment of Challenges and Possibilities of an Ethnic-Cultural Project in Times of COVID-19 was then reviewed from the perspective of its co-authors. Initially, Márcia Varricchio (MEPPSO/MACPE-PROVE/IPUB/UFRJ & SAPB & HSCMRJ) served as a facilitator and speaker, presenting feedback on the results of the research conducted with the members of the intercultural group. She highlighted how each member contributed their insights, generating opportunities for reflection on the implementation and maintenance of the project.

Next, a discussion circle took place, which evolved into a focus group, titled "Possibilities for an Ethnic Cultural Project in Times of COVID-19: Proposal and Agreements." Facilitators were professors Márcia Varricchio (UNIFASE / MEPPSO / MACPE-PROVE / IPUB / UFRJ), Paulo Goldoni (MEPPSO / MACPE-PROVE / IPUB / UFRJ), and Jaqueline Da Silva (EEAN-DEMC / MEPPSO / MACPE-PROVE / IPUB / UFRJ). The team perceived the work strategy as very effective and felt valued by the feedback. With the group moved by the feedback obtained from the semi-structured interview, a field visit to the Ethnic Cultural Project – Space of Health Garden of All Places was carried out.

It was discovered that for a year and a half, during which it could not be regularly tended, the garden suffered from the effects of time and the lack of soil renewal. It also suffered from the actions of outsiders. As soon as activities were allowed to resume, two employees stood out in their care: the gardener and the cafeteria manager (who refused to admit the "vandalism" and voluntarily began assisting the gardener). They provided seedlings in the access corridor to the courtyard...

During the guided tour of the garden, the ethnic representatives and refugees naturally proceeded to identify the plants, their uses and origins, developing at that moment an intercultural and transcultural approach to the different uses for the same plant species.

We realized that the garden remains a vital part of the hospital, including tourism within the centuries-old hospital's facilities. Through reports from staff, we heard that companions of oncology patients at Santa Casa de Misericórdia Hospital in Rio de Janeiro spent time in this space admiring the flowers, collecting seedlings, and, in particular, some brought seedlings and planted them while the patients underwent medical procedures.

In short, the garden space symbolizes a place of refuge and peace of mind. It touches people who spontaneously began to contribute to the garden space, reaffirming the name given by ethnic groups and refugees: Garden of Hope/Garden of All Places (a health space for many other people).

We understand that the garden space fulfilled its purpose and even exceeded its objectives, becoming a space where primary health care (and psychosocial care) took place, happened, prospered, and flourished naturally.

On this day, after the cross-cultural lunch, the floor was given to the group members, so that they could express their opinions regarding the project for the care of the Jardim de Todos os Lugares in a conversation circle, with the planning of activities for the future project being carried out, as shown in Tables 14 and 15:

Table 14

Planning of Activities Decided by the Intercultural Group

Activities Listed by the Intercultural Group
- Clean flowerbeds/fertilize;
- Carry out mapping of construction sites;
- PAINT A SIGN WITH INFORMATION ABOUT THE GARDEN (what historical, botanical, educational and vandalism-preventing information to put on it);
- Who will be responsible for care?
- What seedlings will be planted? Medicinal/edible/fruit/ornamental?
- Who will bring the seedlings?
- Which plants can be removed and placed in other beds?
- Will we leave seedlings available for passersby? (Which ones? From the season?)
- Make a fence/protection by covering it with passion fruit and sponge;
- Financial support for the repair of the water source (fountain);
- Take care of more gardens for other purposes (vegetable garden, etc. – “garden hospital”
- Pruning trees and vines

Source: The Authors.

Table 15

Develop Environmental Awareness Work for Passersby

Environmental Awareness Work for Passersby
- Do you know the history of this garden? (Bunner - develop the story)
- Do you know that you can help us maintain this beautiful garden? (by clearing the weeds, watering, not pulling up seedlings, bringing in seedlings...)
- Did you know that you don't need to pull up the plants, just request a cutting through the suggestion box? We'll do it for you with great care!

Source: The Authors.

The closing of the activity consisted of a conference on Cultural Competence and Psychosocial Care in the Context of an Ethnic Cultural Project in an Urban Territory, with a summary of the group's analysis by facilitator Jaqueline da Silva (EEAN-DEMC / MEPPSO / MACPE-PROVE / IPUB / UFRJ).

5 DISCUSSION

Such activities are understood as builders of attention, care, as well as interdisciplinary, intercultural citizen integration, between urban ethnicities, between different age groups (intergenerational), also an alternative to the issue of endocrine disruptors (Hansel – Martins et al., 2021; 2023).

There was a culminating day when everyone planted and sowed together, establishing the Garden of Hope/Garden of All Places/Garden of Health. The following week, the critical pandemic period of social isolation set in. The garden became productive through the vital force of nature, thus fulfilling new potentials during this period, such as producing food, fruits, herbs for teas, and seasonings.

During this period, booklets and 3 technical products were generated for the Homeopathy service, multiplying the vision of environmental health and decentralization of care, under the concepts of primary care and intersectoralization (Leal et al., 2022).

5.1 SERVICE IN TIMES OF PANDEMIC

In the midst of a space lacking resources like this outpatient clinic and simple initiatives for the maintenance of the flowerbeds in the hospital's main courtyard, there is life, hope and a prodigal nature, allowing it to be the sensory garden designed: visual/colorful (with "Mariasem-vergonha" planted on the trunk of a tree), olfactory, aromatic/fragrant (Rosemary, Mint) and with an accessibility ramp for patients and their companions.

The confinement they already experienced (Alves, 2018; Borsato et al., 2020) worsened with the demands of social isolation. Thus, this garden took on multiple functions: it served as an entryway, a waiting room, and an exit gate. Because these ethnic members and Indigenous peoples in urban settings participated in the creation of this garden planting alongside the staff and outpatient team, everyone knew they could collect the ripe fruits (peppers, pomegranates, chayote, mangoes, etc.) free of charge. This garden was the fruit of a desire, an aspiration, realized through year-long cross-cultural studies in 2019 (Varricchio & Lage, 2020).

5.2 ASSESSMENT

What bothered and upset the HSCM-RJ staff was identified: tourists who were not committed to environmental and ecological issues, and who also vandalized the garden by stealing plants and signs.

The assessment instrument achieved its objective, providing transparency and identifying the answer to the guiding question. The first phase of investigation, qualitatively scaling the results using the Delphi method, was completed. Users, staff, and volunteers are eager to reinvest in the garden space and provided relevant contributions in their statements, expressing their commitment to the garden's health space.

Three weeks later, the second stage of investigation was carried out, the focus group, also included in a research-extension action (CAPES, 2021) in partnership with the MACPE Laboratory - UFRJ - Aging Appreciation Project (PROVE), the Environmental Health, Parasitology, Bioethics Project (SAPB-LIPAT/FF/UFRJ), the multidisciplinary university student league - LAFFH/UNIFASE and the Benoit Mure voluntary assistance, study and research group.

To continue the Social Technology section, the professor from the Amazon Biobusiness Center (CBA) and the professor of the Traditional Knowledge and Associated Rights discipline of the strictu sensu postgraduate course at the National Institute of Industrial Property (INPI) participated.

This action, was entitled "Intergenerational and Inclusion Seminar: Challenges and Possibilities of Psychosocial Care in Times of Covid19 – Ethnic-Cultural Project at Urban Level (I)" aimed to integrate our undergraduate internship students, for their proactivity demonstrated in actions, events and publications in journals supporting the SAPB-LIPAT/UFRJ Project during the pandemic period ethically rewarded through new indexed publications of their work carried out during this ethnic-cultural project.

Regarding the qualitative methodology used, which led to a result of transparency and a state of well-being, the focus group technique was applied, an excellent methodology for obtaining information that facilitates the search for creative and innovative solutions. The unit of data analysis is not the sum of the testimonies, but the group itself.

The positive aspects of the method, whether in research or in program and project evaluation, depend on both the desired objectives and its potential. Professor Minayo (1992, p. 129) pointed out that "it is an undeniably important technique for addressing health issues from a social perspective, because it lends itself to studying the representations and relationships of different groups of professionals in the field, the various work processes, and the population as a whole." Therefore, it allows for the observation of the interaction processes occurring between participants and balances the power level, validating their accounts and experiences, which are limited to verbal communication, body language, and

self-reported data (Madriz, 2000). Furthermore, it is low-cost and allows for rapid data collection (Westphal, Bógus, and Faria, 1996).

In the present investigation, this combination of the semi-structured interview associated with the focus group and the conversation circle appeared to be an excellent strategy with methodological effectiveness, identifying problems, bringing transparency to the group and even highlighting notes of affection in relation to the project under evaluation.

The results were discussed here in accordance with the literature and also presented to the 7th Ward of the HSCMRJ. The water source (fountain) was considered important to the group members, and the community should be involved in this fundraising effort. Based on the results obtained, products were made available as a return to this community of users, staff, and volunteers.

The first product was the return in the form of an event in partnership with the MACPE-PROVE/UFRJ Laboratory during our second evaluation period, culminating in the presence of the LAFFH/UNIFASE monitors, who proactively worked and produced throughout the pandemic (Pyrrho & Varricchio, 2020).

Furthermore, it is known that a Technical Product involves technical and scientific knowledge and the application of this knowledge through its transformation into the use of tools, processes, and materials created and/or used based on such knowledge. Instruments and methods, whose objective is to solve problems (JUS.COM.BR, 2021).

6 PRODUCTS

From this assessment, action projects were developed with these representatives of groups in an urban context, generating new products and technical articles that intertwined the themes: cultural diversity, public policies and sustainable use of biodiversity resources (De Luna et al., 2021; Almeida/TUKANO et al., 2022; Leal et al., 2022).

This stage of educational work aimed at ethnodevelopment in accordance with the assumptions of ethnic elderly and young people and members of indigenous peoples with an urban presence in Rio de Janeiro generated a Technical Product (Machado/Duigó-TUKANO et al., 2019) that was submitted and selected for oral presentation at an official event promoted from World Intellectual Property Organization (WIPO), UFRJ and INPI (Varricchio et al., 2022).

The “Jardim de Todos os Lugares” (JTL – Revisitando, 2021) - or Garden from Everywhere - video was produced also with publications related to the plant species studied (Hansel-Martins et al., 2021, 2023; 2024; Gaspar et al., 2023, 2024, 2025).

Articles were published by ethnic representatives and indigenous peoples discussing social determinants of health such as invisibility and inequities (Vacite et al., 2023; a; Machado/Duigó-TUKANO et al., 2023; De Souza/XAVANTE et al., 2024, a; Cavalcanti et al., 2024; De Almeida/TUKANO et al., 2024; Oliveira/GOYTAKÁ et al., 2024).

Publications by undergraduate students, residents, and the multidisciplinary team: Clinical Bioethics, Palliative Care, and Spirituality (Correa et al., 2020); Palliative Care (Salomão et al., 2023); Nutrition (Bellizzi et al., 2023); Dentistry (Ximenes Lins et al., 2024); Veterinary Medicine (Gomes et al., 2024); Pharmacy (Wasim et al., 2023a; Nagamatsu et al., 2024), Nursing (Cazumbá 2023, a,b); Doctors Residents (Cruz Filho et al., 2023, 2024), master's students (Cler et al., 2023) and doctoral students (Malfacini et al., 2024).

And in multidimensional health (BR/MS, 2019): Two conversation circles (PROVE – MEPPSO & LIPAT - SAPB & LAFFH, 2021; ENCONTRO, 2023).

The return to intersectoral partners was through products in Social Technology (Winter, 2018; CAPES, 2020) presented at events on Ethnodevelopment of the SAPB-PROVE/UFRJ Project besides Traditional Medicine in Hawaii when the central theme for the multiplication of this type of project was to make evident the richness of the inter-epistemological dialogue (De Almeida/TUKANO et al., 2024; Cler et al., 2024, 2025).

In addition to deepening qualitative research in Psychosocial Care during the pandemic period under the voice of leaders (Varricchio, 2023) and regarding viable uses of the Delphi Method (Wasim et al., 2025).

6.1 LIMITS

This was a long and broad project of intersectoral health education for members of indigenous peoples, ethnic groups and refugees in an urban setting. However, it was carried out with only a single group of people due to the need for social isolation during the Covid-19 pandemic, taking into account all the cultural diversity that exists in a cosmopolitan city like Rio de Janeiro, in a plural country like Brazil.

6.2 CONTRIBUTIONS

This robust qualitative evaluation of the service highlighted the importance of inter-epistemological dialogue facilitated by raising awareness of intercultural education and the effective construction of cultural competence.

7 CONCLUSION

The garden's activities began in the 7th Ward of Santa Casa Hospital, always in accordance with the attending physician's guidelines and the Code of Medical Ethics. The perverse energy of the period was overcome by the team's healthy attitude (JTL – Revisiting, 2021).

After investigation through a proposed methodology frequently used to evaluate health services, based on the responses and testimonies of the participants, it was concluded that the garden space should not leave its current location, fulfilling its purpose, and the garden space project could be restarted with the participation of the group of users, employees, and volunteers to move towards its revitalization and certification.

Talents were identified among the group members. The plan was to resume the activities deliberated by the group's work to strengthen the group and develop cultural competence among the participants in this intercultural experience.

In conclusion, we highlight the importance of investing in the evaluative diagnosis of healthcare services and learning about the combined methodology used, as it enabled us to consistently list qualitative results. The guiding question was clarified by collectively answering it. This methodology empowered the voice of all project participants as knowledge producers.

The relevance of a service provided by volunteer professionals who continue a project that they co-authored is maximum.

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